



THE BEST DAY

POSSIBLE

A Pocketbook for Quality of Life in Seniors Care

May 2019



**BC Care
Providers**
ASSOCIATION

“I AM HUMAN”

***“NOURISH ME,
NOURISH MY SOUL”***

***“I LIKE BEING PART OF
MY COMMUNITY”***

***“I ENJOY HOBBIES,
AND LIKE TO LEARN
NEW ONES”***

“INVITE ME, INCLUDE ME”

***“I FEEL AT HOME IN
THIS HOME”***

The Quality of Life Framework sets out a practical road map for defining and enhancing quality of life for seniors in British Columbia who require care and assistance.

Four overarching domains are explored:

1. **Supportive Environments**
2. **Meaningful Relationships**
3. **Cultural Diversity**
4. **Cultural Diversity**
5. **Fulfilling Activities**

Each domain has specific dimensions and recommended actions to operationalize these areas in a care environment.

Each domain includes a description as heard through the seniors' voice.

An electronic version of the full framework document and the pocketbook are available at:

www.bccare.ca/qualityoflife

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Enhancing quality of life for seniors in all care settings should be a key policy priority.

The purpose of the Quality of Life Framework is to provide a common understanding, consistent language and practical interventions to improve and support the quality of life for seniors in all care settings.

The framework is comprised of the following:

- **GUIDING PRINCIPLES**
- **VALUES**
- **DOMAINS**
 - **DIMENSIONS**
 - **ACTIONS**

QUALITY OF LIFE FRAMEWORK FOR SENIORS CARE IN B.C.

Guiding Principles



Person-Centred



Collaboration



Leadership

Values



Engagement



Dignity



Inclusion



Respect

Domains

Supportive Environments



Meaningful Relationships



Respecting Cultural Diversity



Fulfilling Activities



GUIDING PRINCIPLES

There are three key principles that guide this quality of life framework.

Take a **person-centred** approach.

Use **collaboration**.

Show **leadership**.

GUIDING PRINCIPLES

Principle 1: Person-Centred

A person-centred philosophy enables and supports a person to achieve goals that are important to them and is responsive to a person's individual abilities, preferences, and lifestyle.

Person-centred care requires that caregivers have the capacity to engage with people with skill and creativity where they are treated with respect and dignity within the context of their own social world.

Tip

Allowing seniors to choose the day and time of their bath that suits their preference is an example of person-centred care improving quality of life.

Principle 2: Collaboration

Strong collaborative relationships create meaningful impact and drive innovation in developing quality of life as a central foundation to our work.

Collaboration embodies “nothing about me without me.”

In practice, this concept is actualized by seniors being integral players in developing solutions, along with strengthening relationships with community partners and collaborating across sectors with key local and national partners.

Tip

Facilitating dialogue between families and care providers on ways to improve family member experience is an example of collaboration.

Principle 3: Leadership

The way that care and supportive services are provided can have a profound impact on quality of life. Leaders in the system set the tone and culture of organizations and develop a shared purpose that gives meaning to the “why” we do things.

People, families, organizations and communities all need purpose and it is the leader’s job to communicate that purpose.

Excellent leadership is vital if services that really meet peoples’ needs are to be developed, delivered and improved.

Tip

Strong leaders can promote a culture where interactions and relationships are valued over the delivery of time-specific tasks.

There are four VALUES the framework uses to provide the foundation for enhancing quality of life for seniors.

ENGAGEMENT

RESPECT

DIGNITY

INCLUSION

ENGAGEMENT is inviting the perspectives of the persons served in order to improve the daily living experience in care environments.

RESPECT is being aware of how specific (non-paternalistic and non-authoritarian) interactions can affect a senior's quality of life.

DIGNITY is demonstrated by paying careful attention in the provision of care. Interactions occur with consideration of the right to privacy, and by using a respectful tone, tactful language, and a gentle touch when handling.

INCLUSION occurs when seniors are encouraged to participate, and they are able to decide when and in what manner.

THE FOUR DOMAINS

There are four DOMAINS in the quality of life framework.

Each domain has several DIMENSIONS.

Each dimension has suggested ACTIONS.

It is important to recognize that there is a dynamic interaction among the dimensions.

THE FOUR DOMAINS

Supportive Environments



Meaningful Relationships



Respecting Cultural Diversity



Fulfilling Activities



Supportive environments are the people, places and other factors in a senior’s life that support quality of life, including supportive physical and social environments.

Also included within this domain is autonomy, where a senior’s opinions and individuality are valued and respected.

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR’S VOICE
Neighbourhoods & Community	<ul style="list-style-type: none"> • Smaller neighbourhoods • Wayfinding measures/signage • Access to gardens and nature • Welcoming of family and friends 	<i>“I like being part of my community”</i>
Freedom & Privacy	<ul style="list-style-type: none"> • Single rooms in long term care homes • Living at risk • Accessible environment 	<i>“I am my own person”</i>
Choices	<ul style="list-style-type: none"> • Choice of daily routines • Preferred foods and mealtimes • Personalized spaces 	<i>“What matters to me”</i>

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR’S VOICE
Adequately Prepared Workforce	<ul style="list-style-type: none"> • Caregivers know the senior’s personal story • Education standards for professional and non-professional workers in the sector • Belief in the capabilities and importance of the elderly in our society • Cheerful manner; family-oriented 	<i>“Staff that know me”</i>
Safety and Security	<ul style="list-style-type: none"> • Freedom from harm • Safe and secure home • Comfort measures during illness and end of life 	<i>“Feeling cared about and cared for”</i>
Food and Dining	<ul style="list-style-type: none"> • High quality, freshly prepared food • Menus with favorites & cultural foods • Flexible mealtimes • Friends/family dining for occasion(s). 	<i>“Nourish me; nourish my soul”</i>

Meaningful relationships are the bonds maintained with family, friends and the community. Social interaction keeps seniors physically and mentally healthy and happy.

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR'S VOICE
Human Connections & Touch	<ul style="list-style-type: none"> • Therapeutic approach to each client • Continuity of workers for care for stronger human connection • Match staff with similar cultural and/or language background whenever possible • Respectful touch at the discretion of the client/resident • Address person by name, not endearments or diagnosis 	<i>"I need hugs"</i>
Friends, Family and Visitors	<ul style="list-style-type: none"> • Introduction of names before entering personal area/home • Promote independence yet support with daily routine • Involve family • Private & comfortable spaces • Access to coffee & tea & drinking water • Staff wear name tags • Greet visitors upon arrival 	<i>"This is my home"</i> <i>"I value relationships and connections"</i>
Multi-generational Programs	<ul style="list-style-type: none"> • Clients have choice in multi-generational programs - for example: <ul style="list-style-type: none"> - School visitation programs - Dedicated space for family celebrations - Onsite children's daycare services 	<i>"A normal community has people of all ages"</i>

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR'S VOICE
Personal Relationships & Intimacy	<ul style="list-style-type: none"> • Respect client wishes while providing care • Inform client and ask permission prior to providing personal care • Provide privacy during care, especially when living with others, or when others are present • Provide as consistent staff as possible 	<i>"I am human"</i>
Transportation	<ul style="list-style-type: none"> • Accessible bus or van with reasonable schedules • Support for going out, clothing according to both weather and occasion • Assistance with items needed for the outing, if required • Community outings • Visits to local, public amenities • Mobility 	<i>"I need to get out occasionally"</i>
Pets, Birds, Plants	<ul style="list-style-type: none"> • Homes adopt pets, birds & fish • Gardens and gardening • Pet visitation programs 	<i>"I love nature"</i>
Technology	<ul style="list-style-type: none"> • Skype/Facetime visits • Robotic pets • Computer skills • Send documents or correspondence through email when available or requested by the individual • Assist the individual with charging electronic devices (i.e. cell phone, tablet) • Ensure individual has easy access to the devices 	<i>"Enhancing connections"</i>

Culture is a significant part of how an individual defines who they are.

The things that make us unique as individuals, such as habits, preferences, beliefs, customs and traditions, family background, upbringing and language should be respected and valued.

If culture is not acknowledged this can lead to social isolation and loneliness.

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR'S VOICE
Food & Food Customs	<ul style="list-style-type: none"> Ethnic foods & meals (culinary diversity) Alternatives & choices Celebrations with cuisine 	<i>"My most basic comfort"</i>
Cultural Safety & Awareness	<ul style="list-style-type: none"> Develop a diversity plan Celebrate cultural events & festivals Learn about other cultures Inclusive for LGBTQ2 persons Component of staff education plan 	<i>"Life experiences affect me"</i>
History	<ul style="list-style-type: none"> Knowledge of history involving trauma Story-telling by elders 	<i>"My origins"</i>

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR'S VOICE
Visual Displays of Diversity	<ul style="list-style-type: none"> Art work and posters Signage Music selections Decorations for festivities 	<i>"I feel at home in this home"</i>
Religious Practices	<ul style="list-style-type: none"> Access to religious services Multi-denominational homes 1:1 Pastoral Care Religious customs & traditions Religion specific practices at EOL 	<i>"My faith is my strength"</i>

DOMAIN: FULFILLING ACTIVITIES

Fulfilling Activities are meaningful, enjoyable and feasible pastimes, whether they be socially, intellectually or spiritually-based. Fulfilling activities also help to provide a sense of purpose.

DIMENSIONS	SUGGESTED ACTIONS	THE SENIOR'S VOICE
Variety & Choice Respecting Individual Interests	<ul style="list-style-type: none"> • Art work & appreciation • Accompanying individual on outdoor walks • Involving the individual in cooking, as able. • Music enjoyment • Spiritual & religious practices • Community and outdoors • Plants and nature • Baking, cooking & household • Men's/Women's groups • Table games and active games • Seasonal events 	<i>"I enjoy hobbies and like to learn new ones"</i>
Accessible & Recognizes the Uniqueness of Individuals	<ul style="list-style-type: none"> • Dementia friendly • Mobility friendly • End of life inclusive • Group and individual preferences respected • Evenings and weekends, 7 days a week • Intentional engagement with activities and care • Family inclusive activities • Free activities & events • Support for Adult Day Program attendance, if needed 	<i>"Invite me, Include me"</i>



MAKING THE BEST DAY POSSIBLE

Changing the social environment along with shifts in policy and programming will lead to greater quality of life.

There are many recognized roadblocks to quality of life that we need less of.

For operators and policy makers, there are alternative approaches that we need more of.

MAKING THE BEST DAY POSSIBLE

LESS OF	MORE OF
CLINICALLY-FOCUSED SERVICE DESIGN	NEW APPROACHES FOR QUALITY OF LIFE
<ul style="list-style-type: none"> • Social environment is hampered by limited funding, which has a direct impact on quality of life of residents 	<ul style="list-style-type: none"> • Increase HPRD for recreation hours • Introduce funding for music, gardening, and pastoral care • Expand eligibility for grants to include quality of life. • "I'd rather have a new TV"
<ul style="list-style-type: none"> • Heavy regulations with disproportional emphasis on risk mitigation 	<ul style="list-style-type: none"> • Increase capacity to deliver quality of life in the home • Change the approach of inspections • Reduce non-critical items to free up staff "time to care"
<ul style="list-style-type: none"> • Medicalization of aging and older adults 	<ul style="list-style-type: none"> • Change in philosophy to holistic and deinstitutional care models.
<ul style="list-style-type: none"> • Performance indicators focused on clinical functioning 	<ul style="list-style-type: none"> • Performance indicators that support the goal to maintain physical independence as long as possible • Incorporate palliative approach to care goals in selection of performance indicators • Reduce non-critical items to free up staff "time to care"
<ul style="list-style-type: none"> • Task and personal care focus for Care Aide curriculum 	<ul style="list-style-type: none"> • Introduce cognitive care, cultural awareness and quality of life considerations in curriculum for professional and non-professional workers in the sector
<ul style="list-style-type: none"> • Physical environment improvements that are outstanding, or older homes 	<ul style="list-style-type: none"> • Physical environment improvements that have been done in new builds and renovations

CONTINUING THE DIALOGUE

BCCPA'S Quality Committee encourages feedback from users to continue a dialogue on this framework.

Visit www.bccare.ca/qualityoflife to learn more and to engage the committee with your ideas and input.

CONTINUING THE DIALOGUE

As we explore new approaches for measuring quality of life for seniors who require care or assistance, we ask stakeholders to consider the following:

CAREGIVERS, SENIORS, AND OTHER STAKEHOLDERS

- Which dimensions of quality of life are most relevant?
- Are there other dimensions or activities that are not included here?

SENIORS CARE PROVIDERS

- What additional dimensions or actions could be included?
- What processes could be adapted to ensure as much freedom and choice for seniors as possible?
- How can organizations communicate the importance of quality of life in their policies and program offerings?

POLICYMAKERS AND GOVERNMENT

- How will quality of life be incorporated as an important component of care?
- How do regulatory requirements strike a balance between safety and risk management, and quality of life?
- How can the current quality of care indicators align with a broader quality of life goal?
- How can these domains and dimensions be used for measuring quality of life?
- Could future capital funds provide a "quality of life" stream?



ACKNOWLEDGMENTS

The Quality of Life Framework is the result of the efforts of many individuals, and in particular the Quality Committee's chair Debra Hauptman and past chair Ann Marie Leijan.

BC Care Providers Association (BCCPA) would like to thank the residents of Langley Lodge who kindly agreed to contribute their ideas about Quality of Life for this work.

Tom Brown

Al Brown

Vern Burg

John Palen

Joyce Spofford

BCCPA acknowledges the Quality Committee members for their development of this framework.

Debra Hauptman – Chair, Langley Lodge

Ann Marie Leijen – Past Chair, Rebalance Rehab

Karen Baillie – BCCPA Past President, Menno Society

Erroll Hastings – Zion Park Manor

Mary McDougall – Trellis Group

Celeste Mullin – Golden Life Management

James Challman – Greater Vancouver Community Services Society

ACKNOWLEDGMENTS

The following BCCPA staff are acknowledged for their support.

Daniel Fontaine – CEO

Mike Klassen – VP, Public Affairs

Rebecca Frederick – Manager, Public Affairs, Assisted Living and Home Care

We would like to thank Wynona Giannasi and Jennifer Hystad of Howegroup consultants for their support in preparing this framework.

Thank you to Arrowsmith Lodge and photographer Steve Crabb for their permission to use images shown in this document.

Members of the Quality Committee would also like to acknowledge the BC Care Providers Association Board of Directors for supporting the development of this framework.

In preparing this framework, committee members conducted a literature review and found numerous works that have application to seniors requiring long term or other types of supported care and assisted living. The most relevant sources that have informed this framework include:

1. The World Health Organization - provides a universal definition, domains and dimensions for quality of life.
2. The European Partnership for the well-being and dignity of older people (WeDo), which builds on the European Charter of the rights and responsibilities of older people in need of long-term care and assistance - provides specific areas of action for policy makers, service providers and professional and informal care givers organizations.
3. Journal reports such as the JAMDA "Hearing the Voice of the Resident in Long Term Care" which provides a look at quality of life from the perspective of residents in long term care homes.
4. Local, in-progress research such as Carole Estabrooks TREC research project being conducted in BC and Alberta (University of Alberta), and her research on quality of life in Long Term Care.
5. Specific frameworks by other special interest groups, such as the MS International Federation -Quality of Life with MS chart, and BC Community Living, "Include Me" of quality of life framework.

COMPLETE LIST OF REFERENCES

Accreditation Canada. (2019). Qmentum Program Long-term care services. <https://accreditation.ca/standards/>

Cohen L, Wimbush E, Myers F, Macdonald W, Frost H. Optimising Older People's Quality of Life: an Outcomes Framework. Strategic Outcomes Model. Edinburgh: NHS Health Scotland; 2014. Retrieved from <http://www.healthscotland.scot/media/1159/optimising-older-people-quality-of-life-strategic-outcomesmodel-08-14.pdf>

Community Living BC. (2017). What is Quality of Life? Retrieved from <http://www.communitylivingbc.ca/projects/quality-of-life/what-is-quality-of-life/>

Cutler, D., Kelly, D. Silver, S., (2011). Creative Homes, How the Arts can contribute to quality of life in residential care. Retrieved from <https://cdn.baringfoundation.org.uk/wp-content/uploads/2014/09/CreativeCareHomes.pdf>

Denominational Health Association. (2019). Our Vision. <https://www.denominationalhealth.ca/vision/>

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***“MY FAITH IS MY
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***“I NEED TO GET OUT
OCCASIONALLY”***

***“LIFE EXPERIENCES
AFFECT ME”***

“I NEED HUGS”

***“I VALUE
RELATIONSHIPS AND
CONNECTIONS”***



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